



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, California 95827
Mailing Address: P. O. Box 26000, Sacramento, CA 95826
800-321-CSLB (2752) or (916) 255-3900
www.cslb.ca.gov

STATE OF CALIFORNIA
Gray Davis, Governor

APPLICATION TO CHANGE LIMITED PARTNERS OF A PARTNERSHIP NO FEE REQUIRED

This form cannot be used to change or remove a general partner or qualifying partner. If there has been any change in the general partners, you must apply for a new license.

Please note: A limited partner is someone who has a financial interest in a business, but is only responsible for that business up to the amount of money invested. **A limited partner does not take part in the daily operation of the business.** If a member of personnel on an application has been listed as a limited partner, he/she cannot be granted a waiver of the examination or be granted a license continuance.

If the business address includes a P.O. Box, PMB, General Delivery or RT, you must also list the physical address.

TYPE OR PRINT IN INK LEGIBLY

1. BUSINESS NAME (as it currently appears on the records of CSLB)		2. LICENSE NUMBER	
3. BUSINESS MAILING ADDRESS: Number/Street or P.O. Box	CITY	STATE	ZIP CODE
4. PHYSICAL ADDRESS: Number/Street	CITY	STATE	ZIP CODE
5. BUSINESS TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL ADDRESS	

6. LIST ALL GENERAL AND LIMITED PARTNERS THAT ARE TO APPEAR ON THIS LICENSE (attach additional sheets, if necessary). Show FULL LEGAL NAMES, NO INITIALS; if your legal name contains initials only, so state. P.O. BOXES, PMB, GENERAL DELIVERY AND RT are NOT ACCEPTABLE for residential addresses. All items of information requested (except drivers' license numbers) are mandatory. If a limited partner is currently listed on the CSLB records, but is not listed below, they will be removed as a limited partner of the partnership.

NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.
RESIDENCE ADDRESS: Number/Street			CITY	STATE	ZIP CODE
TITLE					
NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.
RESIDENCE ADDRESS: Number/Street			CITY	STATE	ZIP CODE
TITLE					
NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.
RESIDENCE ADDRESS: Number/Street			CITY	STATE	ZIP CODE
TITLE					
NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.
RESIDENCE ADDRESS: Number/Street			CITY	STATE	ZIP CODE
TITLE					



BUSINESS NAME (as it currently appears on the records of CSLB)	LICENSE NUMBER
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THE FOLLOWING QUESTIONS PERTAIN TO INDIVIDUALS LISTED ON THIS APPLICATION. EACH QUESTION MUST BE ANSWERED. AFFIRMATIVE ANSWERS MUST BE EXPLAINED IN A DETAILED STATEMENT FROM THE MEMBER INVOLVED.

7. Are there now any unpaid due bills or claims for labor, materials, or services as a result of any construction work undertaken by you or any entity who is a contractor in which you were or are currently an officer, director, partner, qualifying individual or responsible managing employee? YES ☐ NO ☐

DO NOT ANSWER "YES" TO THE FOLLOWING QUESTION IF THE LICENSE WAS SUSPENDED FOR A FAMILY SUPPORT OBLIGATION, LACK OF BOND, WORKERS' COMPENSATION, OR QUALIFIER.

8. Has any person listed on this application (or any company the person was part of) ever received a citation issued by the Contractors State License Board or ever had a contractor's license or any other professional or vocational license denied, suspended, or revoked by this state or any other state or country? YES ☐ NO ☐

IF YOU ANSWERED YES: Write a detailed statement explaining the events leading to this action.

9. Is any person listed on this application (or any company with which any person listed on this application is associated with), named in or deemed responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit held on behalf of any contractors, consumers, material suppliers, employees, or the state? YES ☐ NO ☐

IF YOU ANSWERED YES: Write a detailed statement identifying the judgments (pending or on record), liens, any past due unpaid bills, claims, or suits and an explanation of the situation. Include the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy of the creditors list.

10. Has any individual listed on this application ever been convicted of any offense(s), other than minor traffic violations, in this state or elsewhere? YES ☐ NO ☐

IF YOU ANSWERED YES: Disclose all convictions, including the section(s) of the law(s) and thoroughly explain the acts or circumstances which resulted in the conviction(s). Be sure to include the date(s) of the conviction(s), county and state where the violation(s) took place, the name of the court, the court case number(s) and the sentence(s) imposed. Indicate any jail/prison terms served, as well as the terms and conditions of any applicable periods of parole or probation. List the date(s) on which parole or probation was or will be completed, and provide the name(s) and telephone number(s) of your probation officer(s) and or parole agent(s). You are required to provide all of this information even if the conviction was sealed or expunged under Section 1203.4 of the Penal Code or applicable code of another state.

11. IMPORTANT: The following certification must be completed and signed by a current general or qualifying partner listed on the CSLB records and by every new limited partner of the partnership.

On _____ at _____, I/we certify under penalty of
DATE CITY, COUNTY, STATE

perjury under the laws of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of this application.

Signature _____ Print Name _____

Signature _____ Print Name _____

Signature _____ Print Name _____

Signature _____ Print Name _____

NOTICE TO APPLICANT

All items of information requested (except driver's license number) are mandatory. Disclosure of your social security number (or federal identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or governmental agencies. Individuals have the right to review the files on records maintained on them by the agency, unless the records are identified as confidential information and exempted by Section 1798.3 of the Information Practices Act.